



National Council on Family Relations
NCFR Affiliate Formation Request

We, the undersigned NCFR members, request the formation for an NCFR affiliate council.
Minimum of 10 NCFR members is required.

Name of Affiliate:

Member Name	NCFR Member ID Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Name of NCFR affiliate officer:

Date (DD/MM/YY):

Submitted By

Name:

University Affiliate Name if applicable:

Mailing Address:

City: State: Zip Code:

Telephone:

Email Address: